

03-19-07

## PATENT APPLICATION

Art Unit: 3743  
 Examiner: Ali, Shumaya B  
 Atty. Docket: 7432-0046  
 Applicants: Moenning and Irlbeck  
 Invention: DENTAL ANESTHESIA ADMINISTRATION  
 MASK AND EYE SHIELD  
 Serial No.: 10/647,991  
 Filed: 26 August 2003



CUSTOMER NUMBER: 000031425

Mail Stop Non-Fee Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313

Certificate of Express Mailing Under 1.10	
I hereby certify that this correspondence (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service as "Express Mail, Post Office to Addressee" by the certificate number set forth below, in an envelope addressed to:	
Mail Stop Non-Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
Dated: 16 March 2007	
Signature: <i>Marianne E. Ries</i>	
	Marianne E. Ries
Exp. Cert. No.: EV943984434US	
Deposit Account: The Commissioner is hereby authorized to deduct any defect or deficiency in fee, or credit any overpayment to: Deposit Account No. 50-1590	

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

CLAIMS AS AMENDED							
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	SMALL ENTITY		OTHER	
TOTAL CLAIMS	34	35*	0	Rate x \$25	\$ 0.00	Rate x \$50	\$00 .00
INDEP. CLAIMS	6	6**	0	Rate x \$100	\$0.00	Rate x \$200	\$ 00.00
TOTAL FEE FOR ADDITIONAL CLAIMS						\$0.00	

- \* If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.  
 \*\* If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

X An Extension of Time for \_\_\_\_ month (or however many months is necessary) is hereby requested under 37 C.F.R. 1.136(a).  
 The required fee for filing this extension is: \$ 0.00

TOTAL FEE FOR THIS AMENDMENT

\$ 0.00

A check in the amount of \$ \_\_\_\_ to cover the total fee for this amendment is attached.

Applicant asserts that it is entitled to Status as Small Entity Under 37 C.F.R. 1.27.

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment, to E. Victor Indiano's Deposit Account No. 50-1590. A duplicate copy of this sheet is enclosed.

*E. Victor Indiano*  
 Attorney of Record  
 Printed Name: E. Victor Indiano  
 Registration No.: 30,143

**INDIANO VAUGHAN LLP**

One North Pennsylvania Street, Suite 1300  
Indianapolis, Indiana 46204  
Phone 317-822-0033; Fax 317-822-0055

PATENT APPLICATION

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Art Unit: 3771

Examiner: Ali, Shumaya

Atty. Docket: 7432-0046

Applicants: Moenning and Irlbeck

Invention: **DENTAL ANESTHESIA  
ADMINISTRATION MASK AND  
EYE SHIELD**

Serial No.: 10/647,991

Filed: 26 August 2003



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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dated: 16 March 2007

Signature: *Marianne E. Ries*  
Marianne E. Ries

Exp. Cert. No.: **EV943984434 US**

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Deposit Account No. 50-1590

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Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

**CUSTOMER NUMBER: 000031425**

**AMENDMENT UNDER 37 C.F.R. § 1.111**

Dear Sir:

In response to the final Official Action of 03 January 2007, Applicants respectfully request entry of the following amendment.